## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 8 Primary Registration District No. 1003 Registrar's No. 10701 Registration District No. DO NOT WRITE AMENDED I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before a. COUNTY (noissimba a. STATE h COUNTY VS 300 **AMENDED** Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Legath of slav in 1h c. CITY Inside Moults OR Yes 127 No 🖂 louis 12 dan c. FULL NAME OF (If NOT in hospital, give location) Inside/Limffs d STREET Reside on Farm HOSPITAL OR ADDRESS INSTITUTION Yes □ No 17 Deaconness Hospita NAME OF DECEASED Middle Day Year 3 (Type or print) OF DEATH Enedenich Johnson 1963 Octoben 9. AGE (last birthday) I IF UNDER 1 YEAR | IF UNDER 24 HR 7. Married □ / Never Married □ 8. DATE OF BIRTH 0 5 SEX Widowed V 12. CITIZEN OF WHAT COUNTRY 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) Webster Groves. ⋛ canpenter 14 NAME OF HUSBAND OR WIFE 135 MOTHER'S MAIDEN NAME 13a, FATHER'S NAME 7 FOIL( Late Augusta Peter Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? lohanna lanne 16. SOCIAL SECURITY NO. 17. INFORMANT AS. (Yes, no, or unknown) I (If yes, give war or dates of John P. Johnson 624 Bacon 9 ARE INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per time for to), told and to). A PART I. DEATH WAS CAUSED BY: Cereoral infarction with sub-dural hematoma, 10 right side RECORD IMMEDIATE CAUSE (a) ő 11 NSTEAD 12 days Arteriosclerosis 1258-0 (Autopsy findings) S stating the 13 lying cayse lost. OTHER SIGNALICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased WAS there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS ☐ Yes ☐ Unknown Arteriosclerotic heart-disease 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT YES NO 20c, TIME OF Hour Month, Day, Year RIBBON INJURY a m p.m. BLACK INK STATE COUNTY 20f. CITY, TOWN, OR LOCATION 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, streat, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK [ NOT WHILE AT WORK [ *TYPEWRITER* 10-17-63 n 10-18-63 1935 21 I attended the deceased from, 26,1963 11:00 b.m. Oct. m on the data stated above, and to the bast of my knowledge, from the causes stated. SHOULD 22c. DATE SIGNED E. Lockwood Ave.. 22a. SIGNATURE ច 10-28-63 AWebster Groves, Mo. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 230. BURIAL, CREMATION, AFFIDA Oak Hill conetery 125. DATE RECEIBLY 1004-REG. REMOVAL (Specify) Š Kirkwood removal 24. FUNERAL DIRECTORMITTELBERGADERBER ITEM

COLONIAL CHAPEL

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## STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is or by	recorded on the reverse side of this certificate was embalmed by me,
working under my personal supervision.	9 FM Maria
StudentSignature of Student Embalmer	Signed Tamorra
	Licensed Embalmer No. 3360
	P. O. Address St Jours Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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